

RECEIVED  
CENTRAL FAX CENTER  
Rec'd PCT/PTO - 9 JAN 2006 DEC 27 2005

## FAX TRANSMISSION

DATE: December 27, 2005

PTO IDENTIFIER: Application Number 10/549,398  
Patent Number

Inventor: Eldad Torbati

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER &amp; DODGE LLP

Brian M. Gaff

PHONE: (617) 517-5597

Attorney Dkt. #: 64030(52398)

PAGES (Including Cover Sheet): 16

CONTENTS: Certificate of Transmission (1 page)  
Transmittal form (1 page)  
Supplement to Information Disclosure Statement Originally Filed on 12/5/05 (2 pages)  
IDS Statement by Applicant (1 page)  
Copy of originally filed IDS on 12/5/05 (10 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5584 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP  
P.O. Box 55874, Boston, Massachusetts 02205  
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

PTO/SB/07 (08-04)

Approved for use through 07/31/2006, OMB 0651-0031

U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

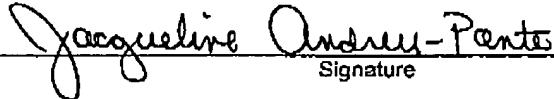
Application No. (if known): 10/549,398

Attorney Docket No.: 64030(52398)

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 27, 2005  
Date



Signature

Jacqueline Andreu-Ponte

Typed or printed name of person signing Certificate

Registration Number, if applicable(617) 517-5585

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal form (1 page);  
Supplement to Information Disclosure Statement Originally Filed  
on 12/5/05 (2 pages);  
IDS Statement by Applicant (1 page);  
Copy of originally filed IDS on 12/5/05 (10 pages)

RECEIVED  
CENTRAL FAX CENTER

DEC 27 2005

Approved for use through 07/31/2005. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

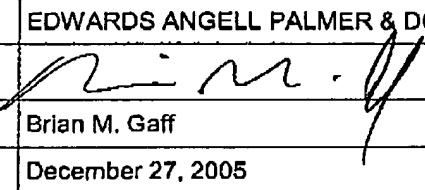
(to be used for all correspondence after initial filing)

		Application Number	10/549,398
		Filing Date	September 13, 2005
		First Named Inventor	Eldad Torbati
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	64030(52398)

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Transmission (1 page); Supplement to IDS Statement originally filed on 12/5/05 (2 pages); IDS Statement by Applicant (1 page); Copy of originally filed IDS on 12/5/05 (10 pages).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Brian M. Gaff		
Date	December 27, 2005	Reg. No.	44,691

BOS2\_520030.1

BMG

**COPY**

Inventor: Eldad Torbati

Atty Docket No.: 64030(52398)

Application No.: 10/549,398

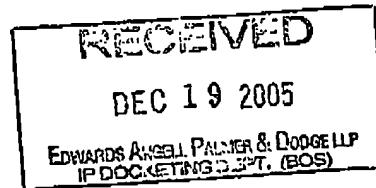
Title: CELLULITE ULTRASOUND TREATMENT

Filing Date: September 13, 2005

**Documents Filed:**

Certificate of Express Mailing (1 page)  
Transmittal Form (1 page)  
Information Disclosure Statement (2 pages)  
IDS (Citation) by Applicant (1 Reference) (1 page)  
Non-patent literature document (C1) (5 pages)

Via: Express Mail Label No. EV756266272US  
Sender's Initials: BMG/jia



Date: December 5, 2005



SB

**COPY**

Application No. (if known): 10/549,398

Attorney Docket No.: 64030(52398)

**Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Label No. EV756266272US in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On December 5, 2005  
Date

  
Signature

Jacqueline Andreu-Ponte  
Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5585  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 page);  
Information Disclosure Statement (2 pages);  
IDS (Citation) by Applicant (1 Reference) (1 page);  
Non-patent literature document (C1) (5 pages); and  
Return Receipt Postcard.

BOS1\_520015.1

COPY

Express Mail Label No. EV7SG266272US  
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/549,398
		Filing Date	September 13, 2005
		First Named Inventor	Eldad Torbati
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	64030(52398)

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Transmittal Form (1 page); Certificate of Express Mailing (1 page); IDS Statement by Applicant (1 page); Non-patent literature document (C1) (5 pages); Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Remarks
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Brian M. Gaff		
Date	December 5, 2005	Reg. No.	44,691